

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO:

FILING DATE

**10/587,282**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		21				
5		1				
6		51				
7		10				
8		10				
9		10				
10	1					
11		1				
12		1				
13		1				
14	1					
15	1					
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50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	14	←		←		←
TOTAL CLAIMS	18					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						